

Attention: Medicaid Physicians, Dialysis Facilities, IRHCs, County Health Dept, Hospitals, PBRHCs, FQHCs, and Nurse Practitioners and Physician Assistants.

Effective for Dates of Service July 1, 2005 and thereafter, the Alabama Medicaid Agency will adopt Medicare's Drug Pricing Methodology using the Average Sale Price (ASP) for HCPCS injectable drug codes. In keeping with Medicare guidelines, Alabama Medicaid will also adopt the temporary G codes designated for Chemotherapy and Non-Chemotherapy administration codes. These codes are effective for services provided on or after July 1, 2005 and before January 1, 2006. The crosswalk between the previous codes and the new codes is outlined on page 2 of this Alert. The following CPT drug administration codes will remain in effect and covered for 2005.

- CPT code 90783 and 90788,
- CPT codes 96405 to 96406,
- CPT codes 96420 to 96520, and
- CPT codes 96530 to 96549.

The change to the G codes brings about an improvement in billing and reporting codes through the creation of new codes to identify initial infusions and additional sequential infusions. There are also new codes to identify additional non-chemotherapy sequential intravenous pushes and intravenous chemotherapy pushes for additional drugs.

Alabama Medicaid has established the following new guidelines that should be utilized when billing for administration codes.

- For non-chemotherapy injections, services described by codes G0351, G0353, G0354, and CPT codes 90783 and 90788, may be billed in addition to other physician fee schedule services billed by the same provider on the same day of service.
- For IV infusions and chemotherapy infusions, if a significant separately identifiable E & M service is performed, the appropriate E & M CPT code should be reported utilizing modifier 25.
- When administering multiple infusions, injections, or combinations, only one "initial" drug administration service code should be reported per patient per day, unless protocol requires that two separate IV sites must be utilized. The initial code is the code that best describes the service the patient is receiving and the additional codes are secondary to the initial code.
- "Subsequent" drug administration codes, or codes that state the code is listed separately in addition to the code for the primary procedure, should be used to report these secondary codes. If an injection or infusion is of a subsequent or concurrent nature, even if it is the first such service within that group of services, then a subsequent or concurrent code from the appropriate section should be reported.
- If the patient has to come back for a separately identifiable service on the same day, or has 2 IV lines per protocol, these services are considered separately billable with a modifier 76.

If you need additional clarification or information, please contact Mary Timmerman, Associate Director, Medical Support Programs by phone at (334) 242-5014 or by e-mail at mtimmerman@medicaid.state.al.us. Chapter 28 of the Alabama Medicaid Provider Manual will also be updated.

June 15, 2005

CODE CROSSWALK

FOR DATES OF SERVICE JULY 1, 2005 AND AFTER

Old Code	New Code	Descriptor	Add-On Code
90780	G0345	Intravenous infusion, hydration; initial, up to 1 hour	
90781	G0346	Intravenous infusion, hydration; each additional hour, up to 8 hours (List separately in addition to code for procedure)	Yes
90780	G0347	Intravenous infusion, for therapy/diagnosis; initial, up to 1 hour (Specify substance or drug)	
90781	G0348	Intravenous infusion, for therapy/diagnosis (Specify substance or drug); Each additional hour, up to 8 hours (List separately in addition to code for procedure)	Yes
90781	G0349	Intravenous infusion, for therapy/diagnosis (Specify substance or drug); Additional sequential infusion, up to 1 hour (List separately in addition to code for procedure)	Yes
NA	G0350	Intravenous infusion, for therapy/diagnosis (Specify substance or drug); Concurrent infusion (List separately in addition to code for procedure)	Yes
90782	G0351	Therapeutic or diagnostic injection (Specify substance or drug); Subcutaneous or Intramuscular	
90784	G0353	Therapeutic or diagnostic injection (Specify substance or drug); Intravenous push, single or initial substance/drug	
NA	G0354	Therapeutic or diagnostic injection (Specify substance or drug); Each additional sequential intravenous push (List separately in addition to code for primary procedure)	Yes
96400	G0355	Chemotherapy administration, subcutaneous or intramuscular; Non-hormonal antineoplastic	
96400	G0356	Chemotherapy administration, subcutaneous or intramuscular; hormonal antineoplastic	
96408	G0357	Chemotherapy administration, intravenous; push technique, Single of initial substance/drug	
96408	G0358	Chemotherapy administration, intravenous; push technique, Each additional substance/drug (List separately in addition to code for primary procedure)	Yes
96410	G0359	Chemotherapy administration, intravenous infusion technique; Up to 1 hour, single or initial substance/drug	
96412	G0360	Chemotherapy administration, intravenous infusion technique, Each additional hour, 1 to 8 hours (List separately in addition to code for primary procedure)	Yes
96414	G0361	Chemotherapy administration, intravenous initiation of prolonged Chemotherapy infusion (more than 8 hours), requiring use of a Portable or implantable pump	
96412	G0362	Chemotherapy administration, intravenous infusion technique; Each additional sequential infusion, (different substance/drug) Up to 1 hour (List separately in addition to code for primary procedure)	Yes
NA	G0363	Irrigation of implanted venous access device for drug delivery system; Reimbursable only when performed as a single service	